Saskatchewan

Saskatchewan
Advanced
Education and
Manpower

Second Interim Report:

Post-Basic Clinical Nursing Education

The Advisory Committee On Nursing Education

To Honourable Lorne H. Hepworth
Minister, Saskatchewan Advanced Education and Manpower, December, 1986

SECOND

INTERIM REPORT

OF THE

ADVISORY COMMITTEE ON NURSING EDUCATION

Post-Basic Clinical Nursing Education

To

Honourable Lorne Hepworth
Minister, Saskatchewan Advanced Education
and Manpower

December, 1986

To The Honourable Lorne H. Hepworth
Minister of Advanced Education and Manpower

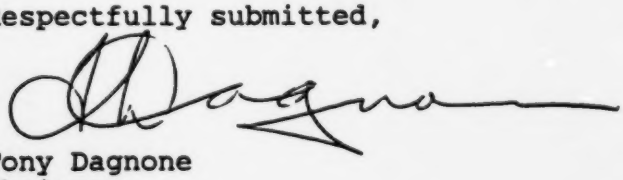
Dear Mr. Hepworth,

When the Advisory Committee on Nursing Education submitted an initial Interim Report with recommendations to your predecessor in March, 1986, mention was made of anticipated subsequent reports. I am pleased to submit for your further consideration the Second Interim Report which was unanimously approved on December 9, 1986.

This report deals with one aspect of a priority issue identified in the first report: accessibility to educational opportunity for employed nursing personnel. If accepted for implementation, the recommendations will provide a framework for development of a system of short-term clinical nursing courses based on a realistic philosophy and attainable principles. Such a system will begin to redress the current serious deficit in post-basic clinical nursing educational opportunities for nursing personnel in Saskatchewan.

As requested in submitting the previous Interim Report, I will welcome an opportunity to discuss this report's recommendations with you at your early convenience. I wish to commend the members of the Advisory Committee for their continued efforts in advising you on these nursing issues.

Respectfully submitted,



Tony Dagnone
Chairman

cc: Honourable George McLeod, Minister of Health
Mr. Lawrie McFarlane, Deputy Minister, Advanced Education and Manpower
Mr. Walter Podiluk, Deputy Minister, Saskatchewan Health
Committee Members

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EXECUTIVE SUMMARY

The Advisory Committee on Nursing Education was established by the Minister of Advanced Education and Manpower in 1985 to advise the Minister on major issues in basic and post-basic nursing education in Saskatchewan. Specific Terms of Reference are identified in Appendix A.

The Advisory Committee submitted its First Interim Report to the Minister in March, 1986. The primary purpose of that report was to make recommendations for action on immediate priority concerns. The report identified the development of advanced clinical nursing education courses as an immediate priority. The Second Interim Report addresses that pressing need and provides recommendations for the development of short-term post-basic clinical nursing programs.

This report has two sections. Part I outlines the activities undertaken by the Advisory Committee's Ad Hoc Committee on Continuing Education and identifies the rationale for the report's recommendations. Part II provides the results of a survey of skill requirements in the critical care units of six urban hospitals in Saskatchewan. Literature relevant to post-basic critical care nursing education programs is reviewed.

The Advisory Committee on Nursing Education recommends to the Minister that:

1. Critical Care Nursing for Registered Nurses be established as the immediate priority for development of post-basic clinical nursing programs(p. 4);
2. The beliefs and principles contained in this report serve as guidelines to direct the development of programs for a post-basic clinical nursing education system for Saskatchewan (p. 6);
3. The Advisory Committee on Nursing Education be charged with a responsibility to guide, direct and coordinate the development of a post-basic clinical nursing education system including: guidelines for program articulation within the nursing education system and appropriate program placement (p. 6);
4. The post-basic critical care nursing program for registered nurses be developed during 1987-88 with implementation of the initial pilot program by Spring, 1988 (p. 7); and
5. The post-basic critical care nursing program with a core component serve as a model for program development in other fields of specialized clinical nursing practice (p. 7).

PART I

BACKGROUND AND RECOMMENDATIONS

PART I - BACKGROUND AND RECOMMENDATIONS

A. Introduction

In recognition of the urgent need for post-basic clinical nursing programs, the first subcommittee established by the Advisory Committee on Nursing Education was an Ad Hoc Committee on Continuing Education. The purpose of this subcommittee was to identify priority needs and develop proposals for a system of post-basic clinical nursing education programs for Certified Nursing Assistants, Registered Psychiatric Nurses, and Registered Nurses. See Appendix B for Terms of Reference.

B. Activities of the Ad Hoc Committee on Nursing Education

The subcommittee undertook a review of reports, program descriptions, brochures, articles and books concerning post-basic programs from western Canada and Ontario. Saskatchewan reports concerning continuing nursing education were studied. Data on strengths and weaknesses of existing post-basic clinical programs were also collected through correspondence, telephone consultations and an on-site visit by the subcommittee chairman to programs operating in educational institutions in Ottawa.

During January-March, 1986, a survey was done to identify skills common to special care areas in three Saskatoon and three Regina hospitals (see Acknowledgement, Appendix C). Nurses working in special care areas were asked to identify skills required in their area. The special care areas included: burn, coronary care, emergency care, intensive care, neonatal intensive care, obstetric intensive care, pediatric intensive care, psychiatric intensive care, recovery room, renal dialysis and "other" units considered special care units in individual agencies.

C. Background and Recommendations

By 1973, diploma nursing education programs in Saskatchewan were transferred from hospital schools of nursing to institutes of applied arts and sciences. Efforts to procure funds for orientation programs for beginning practitioners, and to identify the need for post-basic clinical programs began immediately. By 1980, funds were allocated for a one month general orientation program for beginning practitioners in hospitals having 200 or fewer patients.

Since 1970, the Saskatchewan health care delivery associations and nursing associations have repeatedly endorsed resolutions which have been presented to health care and education system decision-makers. These resolutions identified an acute need for post-basic nursing education programs in critical and emergency care, gerontology, obstetrics, rehabilitation, occupational health and mental health.

The report of the Advisory Committee on Nursing Supply, Employment and Education (1982), demonstrated that the priorities for post-basic clinical nursing programs identified by registered nurse-respondents were: intensive care, emergency care, obstetrics, geriatrics, pediatrics, and neonatology. Other programs listed as being required were: operating room, neurology, administration, psychiatry, public health and occupational health. The nurses indicated their preference for course delivery by the College of Nursing, as well as selected hospitals with support provided by educational institutions. Chief executive officers concurred with registered nurses on the need for post-basic clinical nursing programs. In order of frequency, they identified a need for post-basic preparation in emergency care, obstetrics, intensive care, geriatrics, administration, operating room, pediatrics, as well as neonatology, psychiatry, neurology, occupational health and public health. They also indicated that the preferred delivery mechanism was through the College of Nursing.

As identified in the first Interim Report of the Advisory Committee on Nursing Education (March, 1986):

> Advances in health care technology and treatment practices have increased the need for a high volume of inservice training for nursing responsibilities. This is particularly evident in specialty units in general hospitals. Each large hospital is currently involved in conducting its own "orientation program" of several weeks duration to the requirements of each specialty department. Through lack of standardization, the skills acquired by the nurses in these inservice training ventures have limited transferability to the same type of specialty patient-care unit in other agencies. Likewise these programs lack formal recognition for job mobility and academic credit. These time consuming and costly inservice training activities are of variable effectiveness for the present and long term health service delivery agency requirements. (p. 7)

The post-basic clinical nursing programs available in Saskatchewan in 1986 are the following:

SHORT-TERM POST-BASIC NURSING EDUCATIONAL COURSES, 1986

COURSE	INSTITUTION	DURATION	PROVIDED TO
OPERATING ROOM NURSING AND TECHNIQUES	Wascana Instit. of Applied Arts and Sciences	4 months	Cert. Nursing Assistants, Registered Nurses
REHABILITATION NURSING	Wascana Hospital	3 weeks	Regis. Psych. Nurses, Registered Nurses
GERONTOLOGICAL NURSING	Continuing Nursing Educ., Univ. of Sask.	2 weeks	Regis. Psych. Nurses, Registered Nurses

Based on the review of information and Saskatchewan survey data, the following special fields of nursing practice have been identified for the development of post-basic clinical nursing programs:

- Critical Care Nursing - intensive care, coronary care, emergency care, post-anaesthetic recovery room, high risk perinatal/neonatal intensive care, crisis intervention, pediatric intensive care

  Potential candidates: Registered Nurses

- Gerontologic Nursing - extended care, long term care, palliative care

  Potential candidates: Certified Nursing Assistants
  Registered Psychiatric Nurses
  Registered Nurses

- Perinatal Nursing - high risk obstetrics/neonatal intensive care

  Potential candidates: Registered Nurses

- Mental Health Nursing

  Potential candidates: Certified Nursing Assistants
  Registered Psychiatric Nurses
  Registered Nurses

- Nursing in Rural Hospitals

  Potential candidates: Certified Nursing Assistants
  Registered Nurses

- Occupational Health Nursing

  Potential candidates: Registered Nurses

The Advisory Committee recommends to the Minister that:

RECOMMENDATION 1

Critical Care Nursing for Registered Nurses be established as the immediate priority for development of post-basic clinical nursing programs.

The review of the literature and examination of post-basic programs in other jurisdictions are the basis from which the Ad Hoc Committee proposed statements of beliefs and principles deemed relevant to the development of post-basic clinical nursing education in Saskatchewan. The Advisory Committee has adopted the following beliefs and principles as realistic and attainable.

BELIEFS

1. The availability of selected continuing education programs for nursing personnel on a regular pre-scheduled basis, will enhance the quality of nursing care, decision-making for staffing by nursing administrators, and planning of career goals.

2. Program delivery modes should promote self-directed study and access to resource personnel and learning materials.

3. Programs should acknowledge the previous learnings and capabilities of the learner.

4. Ongoing program evaluation should address program need, design, delivery, cost effectiveness, and effect on quality of care.

5. A coordinated and articulated post-basic nursing system for the province, comprised of standardized educational programs with appropriate credit linkages, benefits health service delivery agencies and registrant nursing personnel.

6. Clinically and academically qualified faculty prepared at the master's level in the special nursing field are required for program development and implementation.

7. Close collaboration between service and education personnel by a variety of mechanisms, eg. joint appointments, benefit service delivery and educational programs. Program development will involve input from nursing personnel practicing in the special fields of nursing practice. Identification of advanced nursing practice skills and competencies common to selected special practice fields of nursing is necessary prior to development of: program objectives, learning experiences including teaching methods and delivery modes, and evaluation techniques.

8. Nursing practice skills and competencies beyond those attained in basic preparation programs are required for practice in selected special practice fields of nursing.

9. Programs developed for Saskatchewan may be shared with other jurisdictions and acceptable available programs from other jurisdictions may be used in Saskatchewan.

PRINCIPLES

1. A common conceptual framework of nursing should serve as the basis for developing post-basic clinical nursing education programs.

2. Accessible programs with flexible schedules which support full- and part-time enrollments should be provided. Resources for a range of learning activities promote self-directed learning.

3. Challenge mechanisms for theory should be available. The length of clinical practice should accommodate the learner's ability to demonstrate competent performance of clinical objectives with a minimum and maximum time range.

4. There should be sponsorship and collaboration among educational agencies, health care facilities, nursing organizations and governmental agencies to fund, develop, implement and evaluate post-basic nursing education programs.

5. Post-basic clinical nursing programs should be designed to meet standards required for attaining university credit.

6. Preparation at the master's level in the special practice field should be the minimum requirement for nursing faculty.

7. Inherent in initial and continuing program development should be identification of core competencies common to selected fields of nursing practice in Saskatchewan, and identification of competencies specific to nursing service requirements in each specialty area.

The Advisory Committee recommends to the Minister that:

RECOMMENDATION 2

The beliefs and principles contained in this report serve as guidelines to direct the development of programs for a post-basic clinical nursing education system for Saskatchewan.

The development of a coordinated system for post-basic clinical courses based on established standards is advocated in the literature and by other provinces where post-basic clinical courses have been in operation for several years. These standards should ensure an orderly development of programs which provide standardized competencies so that employers can use the competencies appropriately and refine inservice programs accordingly.

It is therefore recommended to the Minister that:

RECOMMENDATION 3

The Advisory Committee on Nursing Education be charged with a responsibility to guide, direct and coordinate the development of a post-basic clinical nursing education system including guidelines for program articulation within the nursing education system and appropriate program placement.

A report of the survey of over 500 nursing personnel in the variety of critical care units of six urban hospitals in Saskatchewan follows in Part II of this Second Interim Report of the Advisory Committee on Nursing Education. The data demonstrate there are sufficient skills common to special care nursing areas to warrant the development of a core program for post-basic nursing in critical care. There was sufficient interest expressed in taking advanced clinical nursing courses in the areas of intensive care,

emergency care, and coronary care to warrant the immediate development of a critical care nursing program with a core component.

It is therefore recommended to the Minister that:

RECOMMENDATION 4

The post-basic critical care nursing program for registered nurses be developed during 1987-88 with implementation of the initial pilot program by Spring, 1988; and

RECOMMENDATION 5

The post-basic critical care nursing program with a core component serve as a model for program development in other fields of specialized clinical nursing practice.

The Advisory Committee is prepared to develop cost projections associated with implementation of Recommendation 4 at the request of the Minister.

D. Future Actions Planned

The attention and activities of the Ad Hoc Committee on Continuing Education now will turn to the assessment of needs, demand, and indications regarding program development and delivery of post-basic Gerontologic Nursing for the three categories of nursing personnel. A further report with recommendations on this issue will be forthcoming early in 1987.

PART II

REVIEW OF LITERATURE
AND
SURVEY TO DETERMINE FEASIBILITY
OF DEVELOPING A CORE PROGRAM
FOR
CRITICAL CARE NURSING AREAS

A. Summary

Part II describes the activities undertaken to identify the pressing demand for short term post-basic clinical nursing programs in Saskatchewan,and specifically, critical care nursing using a core approach.

Reports, program descriptions, brochures, articles and books concerning post-basic clinical programs from western Canada and Ontario were collected and reviewed. Saskatchewan reports concerning continuing nursing education were studied.

A survey was done to identify skills common to special care areas in three Saskatoon and three Regina hospitals. Registered Nurses working in special care areas were asked to identify skills required in their area. The special care areas included: burn, coronary care, emergency care, intensive care, neonatal intensive care, obstetric intensive care, pediatric intensive care, psychiatric intensive care, recovery room, renal dialysis and "other" units considered special care units in individual agencies. The survey tool used had been designed by Smyk to identify skills needed in intensive care and emergency care at the Misericordia Hospital, Edmonton, 1984. Permission was obtained to use the questionnaire. There were 106 skills listed and respondents were asked to indicate if the skill was required or not required in the specific work area. The respondent was asked to indicate in which of three places the required skill was first obtained: diploma (basic) program, on-the-job, or additional preparation.

Results demonstrated that 72 of 106 items (69.7%) listed were considered to be "required" by more than 50% of the 413 respondents. Discussion with head nurses regarding the reasons for 34 items being designated as "not required" provided an additional perspective to the responses. Head nurses from six agencies indicated that 28 of the 34 skills designated as "not required" were indeed skills needed in special care areas. Six skills were not indicated as being required for several reasons including: performed by other health care workers, equipment not in use in the agencies.

The place of skill acquisition indicated that 13 skills were identified by more than 50% of the respondents as having been acquired in the diploma (basic) program. Other skills were acquired through on-the-job training. The place of acquisition for the largest percentage (44.3%) of skills was not indicated i.e. the respondents did not indicate where the skills were acquired.

A profile of the respondents' background and interests in continuing nursing education indicated that the largest number graduated within the last ten years from an institute of applied arts and sciences diploma program, which was two years in length. This staff nurse respondent has not taken a university credit course or advanced nursing course of three weeks or longer since graduating. She is interested in taking an advanced clinical nursing course preferably for university credit, in intensive care, emergency room, coronary care. She also indicated a degree of interest in completing requirements for university credit.

The conclusions demonstrate that a post-basic critical care nursing program with a core component is feasible and needed.

B. Review of Literature

Post-basic clinical course brochures, program descriptions, as well as available course outlines, were reviewed for areas such as: critical care, gerontology, neonatology, perinatal care, emergency care, operating room, intensive care, coronary care, obstetrics, rural hospital nursing, and occupational health. These programs were offered by educational agencies including community colleges, institutes of applied arts and sciences, hospital schools of nursing, university nursing programs, as well as health care agencies such as health care complexes and individual hospitals.

Additionally, some programs had joint sponsorship by educational agencies and health care facilities, or collaborative program development between non-university and university agencies. Some programs were offered for full-time students, others for part-time students. Some programs provided for distance delivery modes and some were offered on-site only. Some programs were offered according to two or more levels while others were multi-discipline programs.

A few programs provided for university credit thereby promoting articulation with existing post-basic baccalaureate nursing degree education. Examples include the recently established clinical specialization courses in Alberta which have been developed to meet quality standards acceptable for university credit. The Neonatal Intensive Care program at Foothills Hosital School of Nursing is currently recognized for credit toward the post-diploma bachelor of nursing degree at University of Calgary. Two new clinical specializeation courses conducted in non-university educational settings receive credits from University of Alberta: the Emergency/Intensive

Nursing Care program at Misericordia Hospital School of Nursing and the Extended Care Nursing Program at Grant MacEwan Community College. Other programs based in Alberta community colleges and hospital schools of nursing in Manitoba report current negotiations with proximal universities for credit recognition of clinical specialty courses in such fields as occupational health and intensive care nursing.

A few programs indicated a core course which was common to more than one specialty*. Others offered programs with designated required courses and options from which to choose specific courses of interest.

A Marketing Study: Continuing Education Needs of Nurses, University of Ottawa, 1982, indicated that 72% of 360 nurses surveyed who reside in the geographical boundaries served by the University of Ottawa, expressed interest in continuing education. 60% stated they are highly or moderately interested in pursuing a baccalaureate degree. Respondents desired opportunities to pursue a variety of advanced clinical nursing courses for university credits.

Post-Basic Clinical Nursing Skills (Kermacks, 1981) was a project undertaken by the Registered Nurses' Association of British Columbia to identify major clinical nursing specialties and sub-specialties. The study listed 513 skills. Respondents were asked to indicate the level of importance in their job on a six-point scale varying from "no importance" to "extreme importance." Skills were grouped under headings:

- Nursing Process - assess, plan, implement, document, evaluate
- Techniques
- Patient/Client Teaching
- Interpersonal Relationships - social, therapeutic, professional
- Coordinate Care Services
- Philosophy, Objectives, Policies
- Research
- Professional Behaviors

*Core program refers to a curriculum pattern in which one division is devoted to development of common competencies needed by all, and other divisions which emphasize development of special competencies based upon individual or specific requirements. The entire curriculum uses the same basic principles of learning, teaching methods and problem organization. For example, in a nursing curriculum, the core uses nursing process including assessing, planning, implementing and evaluating as an organization framework. Concerns and competencies common to more than one nursing specialty area form the core learning required by all students.

The skill list was compiled from nursing literature, competency statements, standard care plans, and post-basic clinical courses. The list was modified and expanded by nursing experts. The responses were tabulated by computer and arranged in 51 clusters, which were reduced to 5 major groups with 4 sub-groups. The compilation of skills into Specialty I: Caring for Patients with Critical Physiological Problems and Sub-specialty: Provide Care in Emergency Situations were of particular interest to the Ad Hoc Committee on Continuing Education.

A discussion paper Refining the Need for Post-Basic Instructional Programs for Registered Nurses and Suggestions for the Provision of Learning Opportunities (Stark and Kinnis, 1984) involved obtaining the perceptions of directors of nursing in British Columbia (85 of 121) regarding nursing positions which required: general nursing services, special nursing services, and advanced special nursing services. The responses (98%) indicated that critical care areas required special nursing services, and other areas requiring special nursing services by 50% were: obstetrics, operating room, psychiatric nursing, and emergency nursing.

This study made use of Post-Basic Clinical Nursing Skills (Kermacks, 1981) which had been rated at least in the category of "some importance". The study further attempted to identify skills according to metropolitan and urban, and general and referral hospitals. However, the response rates were not acceptable. A telephone conversation with Stark indicated that follow-up action from the study had not occurred.

In 1985, the Ministry of Education Post-Secondary Department, British Columbia, published Curriculum Guidelines for Post-Basic Nursing Education Programs. This report indicated that Guidelines for Post-Basic Nursing Programs were essential prior to further program development in that province. The document demonstrated that post-basic clinical programs should be developed within a curriculum framework which will provide for: articulation with basic diploma nursing education programs, adaptation to a variety of settings and delivery modes, and which specify prerequisites for entry into a clinical specialty program and curriculum guidelines.

Conversation with Kathie McLaughlin, the author of the report, indicated the importance of developing a system for post-basic clinical programs which included standards and use of a conceptual framework, as well as

provision for university credit. The avoidance of a proliferation of programs designed to meet specific needs of an individual agency was emphasized because of lack of cost-effectiveness and unnecessary duplication of effort. The significance of using a common conceptual nursing framework also was emphasized to facilitate program development and avoid unnecessary repetitions between and within programs.

Two documents from the Ministry of Colleges and Universities of Ontario were significant: Provincial Program Guideline, Registered Nurse - Critical Care Nursing, 1983, and Competencies for Gerontology - Multidiscipline Program (Post-Diploma) and Working with the Aged - Multidiscipline Program (Post-Certificate) for Implementation by Ontario Colleges of Applied Arts and Technology, 1984.

These documents identified further the importance of provincial guidelines and coordination of post-basic clinical courses. The importance was related to provision of standards to ensure quality programs, as well as cost-effectiveness and wise use of limited human and fiscal resources. The avoidance of a proliferation of programs designed to meet the needs of a specific locale has merit in terms of saving funds and in preparing personnel to function in a variety of settings.

The development of an Emergency/Intensive Nursing Care Program (Smyk, 1984) also was of interest to the Ad Hoc Committee. This study identified skills needed in emergency and intensive care at Misericordia Hospital, Edmonton, and determined which competencies were common to both areas. The competencies were identified using the Competency Analysis Profile System (CAP), (Deane and Manuel, 1977). In addition, a 16-week program for emergency/intensive care was developed, funding approved, and credit sought and obtained at the University of Alberta.

1. Discussion of Literature Review

The literature demonstrates a pattern in the development of post-basic clinical courses comparable to the development of hospital schools of nursing in the early 1920's, i.e. programs developed out of need and expediency for nursing personnel to have competencies required in a specific agency and a program was developed. For example, the Smyk instrument was designed to identify specific competencies required in two special care nursing areas in Misericordia Hospital, Edmonton. The list

of competencies contained numerous procedures found in the American Association of Critical Care Nurses publication Procedure Manual For Critical Care, 1985. Aspects related to the use of the nursing process, nursing diagnosis, psycho-social and teaching needs of patients as well as professional, ethical and legal components of nursing were not incorporated into the tool.

The core skill areas designated in Kermack's Study for Specialty I: Caring for Patients with Critical Physiological Problems, and the skills listed in Smyk's study were contrasted for similarities and differences. The contrast indicated that Kermack's list contained 175 items and additional sub-items, and Smyk's list contained 63 items and sub-items. Repetition was evident in Kermack's list, e.g. Swan Ganz catheter, assess arrhythmias, intravenous medications. Trade names were used in Smyk's list, e.g. Keofeed tube.

Advances in health care technology have increased nursing inservice education requirements in hospital special care units throughout the province. Orientation programs continue to expand on a progressive basis. Programs designed to familiarize the nurse with the particular special care areas have expanded from days to weeks. These programs lack standardization and result in several deficits such as lack of formal recognition for job mobility and academic credit and limited transferability between special care areas and agencies. Extended orientation programs result in duplication of effort as well as being time consuming and costly.

Government funding bodies must face the problem of bringing order out of chaos when numerous programs have developed and there is a clamor for securing scarce resources. There is evidence from the literature that provincial coordination and guidelines are essential prior to program development, i.e. for central program development, for core curricula where feasible and defensible and for cost-effective use of human and material resources. Program features which are increasingly requested by nurse candidates include provision for a variety of delivery modes and study methods (full-time and part-time) as well as university credit.

C. Survey of Skill Requirements in Critical Care Nursing Units

1. Objective

To determine the feasibility of developing a core program for critical care nursing areas.

2. Methodology and Limitations

A committee decision was made to use Smyk's list to collect data as this tool was designed to identify skills common to emergency and intensive care. Permission to use this tool was obtained from Misericordia Hospital Administration.

A plan was developed to collect data from nurses working in special care areas. The special care areas from which data were to be collected were: burn, coronary care, emergency, intensive care, neonatal intensive care, obstetric intensive care, recovery room, renal dialysis and "other" - that is special units as indicated by an individual agency. A decision was made to collect the data from nurses working in the three hospitals in Regina and the three hospitals in Saskatoon, as it was determined that these facilities, although similar, demonstrate differences in specialization fields and provide a data base from which decisions could be made, e.g. to consider hospitals having fewer patients. When the decision was made to use this data collection method, several factors were given consideration:

The tool was being used to collect data from areas other than emergency and intensive care. The tool was tested by three staff nurses in a coronary care unit to determine its suitability to skills in that specialty area. Several minor adjustments were made based on suggestions received.

The questionnaire was to be distributed and collected by head nurses rather than by mail to individuals. The nurses receiving the questionnaire were a convenience sample, that is those working on the unit in a one-week period rather than a randomly selected sample. The questionnaire was completed during hours of work and workload may have influenced the number of nurses responding, as well as the numbers of questions answered.

The questionnaire does not purport to elicit responses specific to psychiatric nursing. Therefore, it was anticipated that few commonalities would be identified in relation to that specialty.

Administrative approval was obtained to meet with head nurses from special care areas to explain the role of the Ad Hoc Committee on Continuing Nursing Education and its relationship to the Advisory Committee on Nursing Education and the purpose of the project.

2.1 Population and Responses

Questionnaires were distributed to approximately 500 nurses in the designated special care areas, and 413 responses were returned. (Appendix D)

Table 1
Responses to Questionnaire

Special Care Unit	Number	Percent
Burn Unit	9	2.2
Coronary Care	61	14.8
Emergency Care	82	19.9
Intensive Care	62	15.0
Neonatal Care	40	9.7
Obstetric Care	22	5.3
Pediatric ICU	16	3.9
Psychiatric ICU	7	1.7
Recovery Room	29	7.0
Renal Dialysis	6	1.5
Other	59	14.3
Did not indicate	20	4.8
Total	413	100.0

3. Results

Data were tabulated by computer. Overall findings indicated that 72 of 106 skills (67.9%) were considered to be "required" in 10 special care areas by 50% or more of the 413 respondents. The areas of psychiatric nursing and renal dialysis demonstrated that less than 50 of the 106 items were required in these areas. The remaining eight special care areas showed that more than 50 items were required in their units. (Appendix E)

Discussions with head nurses from six agencies regarding the 34 items designated "not required" by 50% or more of 413 respondents provided an additional perspective concerning the responses. The following are examples of items considered "not required" and the reactions of the head nurses:

- "Assist with establishment of chest compressor (cardiac thumper)." The head nurses stated the reason for a negative response is that this equipment is rarely used.

- "Assisting with Bien's Block." This procedure was unknown to the nurses in the six agencies.

- "Use of mobilizer bed." This is a very expensive piece of equipment and is not available in the facilities.

Head nurses from three agencies considered three skills as "required" and head nurses from three agencies considered the same three skills as "not required".

These skills were:
Cast application
Cast removal
Crutch walking

Head nurses from agencies where these skills were "not required" stated that they are performed by care givers other than nurses (Appendix F).

The head nurses stated that a critical care nursing program with core skills was in their opinion justified. Such a program would provide for greater flexibility in staffing special care areas and increased career mobility for individual nurses. A major concern expressed was when will these programs become available?

3.1 Place Where "Required Skills" Were Acquired

Respondents were asked to indicate the place where they first acquired the skills which they identified as being "required" in their place of work. Three choices for place of acquisition were provided: diploma (basic) program; on-the-job; additional preparation. Respondents were requested to identify one place of acquisition only.

Compilation of overall responses, i.e. 413 responses to 106 items, was as follows:

Table 2

Place of First Acquisition of Required Skill	Number	% Response
Diploma (basic) program	9,793	22.3
On-the-Job	12,764	29.1
Additional preparation	1,856	4.3
Did not indicate place of skill acquisition	19,363	44.3
TOTAL	43,776	100.0

A total of 44.3% of the overall responses were "did not indicate." For this reason, the data concerning place of skill acquisition is inconclusive. However it is noted that the largest number of responses for place of skill acquisition i.e. 12,764 (29.1%) was "on-the-job"; and the least number i.e. 1,856 (4.3%) was "additional preparation." There were 9,793 (22.3%) responses which indicated that the skill was acquired in the "diploma (basic) program." These aggregate figures provide an overall picture of the responses. Examination of individual items demonstrates that the following 13 skills were acquired in the diploma program by 50 percent or more of the 413 respondents.

- Oxygen administration
- Intravenous therapy maintenance
- Assessment of pedal pulses
- Insertion of nasogastric tube
- Irrigation of nasogastric tube
- Suctioning of nasogastric tube
- Care for patient with wound tube
- Rectal tube insertion
- Identification of normal laboratory values
- Hourly urometer reading
- Testing of urine
- Bandaging
- Application of compresses

The following five skills were denoted by 50% or more of the total 413 respondents as having been acquired on-the-job.

- Intubation and suctioning maintenance of endotracheal tube
- Assisting with chest tube insertion
- Intravenous therapy - use of pumps
- Arterial line - assist with insertion
- Arterial blood gases - interpretation

Appendix G indicates the skills common to selected special care areas: intensive care, coronary care, emergency room and recovery room. Of the 235 respondents employed in those areas, 50% or more indicated that the 53 skills listed in this appendix were required and had been acquired on-the-job. This indicates that a significant core of skill competencies is required for nursing in these four specialty areas.

3.2 Profile of Respondents

Responses to the Advanced Nursing Practice Skills Questionnaire, besides providing information about skills required in special care areas, yielded information about the background and interest in continuing education of the respondents.

Information about the characteristics of potential applicants for post-basic clinical programs is useful for program planning. Data from 413 registered nurses, working in special care areas in three Regina and three Saskatoon hospitals, regarding their interest in participating in continuing education activities, has value for program decision-makers.

A profile of the typical respondent indicates that the registered nurse is a diploma graduate, staff nurse who completed a basic program within the last ten years and if she has dependents at home under 18 years, there are two children. This nurse has not taken a university credit course or advanced nursing course of three weeks or longer since graduation. She is interested in taking an advanced clinical nursing course primarily in intensive care, emergency room or coronary care, and is interested in taking a course in teaching. Respondents not interested in taking a course indicated family responsibilities as the main reason. The preferred method of teaching is classroom teaching, preferably part time during the evening. Post-basic clinical nursing courses which are recognized for university credits are desired. (Appendix H)

4. Conclusions

The data demonstrate there are sufficient skills common to special care nursing areas to warrant the development of a core program for post-basic nursing in critical care. The greatest number of commonalities occur in the following areas: intensive care (including neonatal and pediatric intensive care), coronary care, emergency care and recovery room. There are also commonalities in required skills in obstetric intensive care and burn care. It has been acknowledged that a limitation of this survey exists in the area of psycho-social and interpersonal nursing competencies.

There was sufficient interest expressed in taking advanced clinical nursing courses in the areas of intensive care, emergency care and coronary care to warrant the immediate development of a critical care nursing program with a core component. Since this interest was expressed by nurses working in these special care areas, courses should be offered at a time which accommodates their needs.

Senior charge nurses responsible for the critical care units in those major hospitals surveyed, stated enthusiastic support for immediate availability of post-basic critical care nursing programs to meet current and future nursing care needs in Saskatchewan.

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REFERENCES

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APPENDICES

APPENDIX A

ADVISORY COMMITTEE ON NURSING EDUCATION

Purpose

To provide advice and consultation to the Minister of Advanced Education and Manpower on the overall system and direction for nursing education in Saskatchewan.

Membership

The Advisory Committee on Nursing Education shall consist of member organizations appointed by the Minister. Member organizations and educational institutions shall be responsible to appoint representatives to the Committee. When selecting committee members, consideration should be given to ensure the principles of affirmative action.

The Advisory Committee shall have:

1. One member from each of the following organizations representing employers of nurses:

   a) The Saskatchewan Health Care Association
   b) The Saskatchewan Association of Special Care Homes
   c) The Saskatchewan Home Care Association
   d) Catholic Health Services Conference of Saskatchewan
   e) Saskatchewan Association of Health Services Executives

2. Two members from the Saskatchewan Registered Nurses' Association.

3. One member from each of the following organizations:

   a) The Saskatchewan Psychiatric Nurses' Association
   b) The Saskatchewan Nursing Assistants' Association

4. One member from each of the following existing programs of nursing education:

   a) Basic Baccalaureate Degree in Nursing
   b) Post-R.N. Degree in Nursing
   c) Diploma Nursing
   d) Psychiatric Nursing
   e) Nursing Assistant

5. One member from the General Public appointed by the Minister to be Chairman of the Committee.

6. One member from Saskatchewan Health representing the health manpower functions of the Department.

7. The Assistant Deputy Minister, Advanced Education Division, Saskatchewan Advanced Education and Manpower, and the Operations Officer, Health and Social Service Programs, will serve on the Committee.

8. The following persons may be invited to attend by the chairman of the Advisory Committee:

   a) representatives of universities, institutes or community colleges
   b) representatives of government departments
   c) occasional guests at the discretion of the chairman

Membership Appointment

1. Committee members shall be appointed according to the terms and conditions outlined in Section 7 of the Department of Advanced Education and Manpower Act.

2. Appointments will be made for either a one year or three year term.

3. Nominations shall be solicited from representative groups for approval and appointment by the Minister through a Minister's Order in the case of a one year term or through an Order in Council for three year terms.

Honoraria and Expenses

Payment of honoraria and expenses shall be made in accordance with the terms set out in the Order in Council establishing rates for the remuneration of committees.

Functions of the Committee

A. In general to:

   - Facilitate communication between the Minister of Advanced Education and Manpower and the non-governmental organizations and educational institutions concerned with the basic and post-basic education for the various categories of nursing manpower.

   - Advise the Minister of Advanced Education and Manpower with respect to policy for operation of existing basic or proposed post-basic programs for the education of nursing manpower.

- Improve coordination and articulation in the planning and delivery of educational programs for nurses.

B. Specifically:

1. To advise the Minister on:

   a) development of a plan designed to meet current and projected nurse manpower needs in Saskatchewan;
   b) priorization of post-basic nursing education requirements including university graduate programs for nurses and programs of clinical specialization of shorter duration.

2. To provide ongoing advice, consultation and review at an early stage of planning prior to implementation, regarding:

   a) all proposals for establishing new basic nursing programs and major changes to existing nursing programs which have implications for changes in clinical resource requirements;
   b) methods for improving the articulation of Institute and University nursing education programs;
   c) cost-effective methods for increasing accessibility to nursing education opportunities including distance education techniques.

Committee Operations

1. Frequency of Meetings: meetings of the Committee shall be held at the call of the chairman or on written application by any six members, but at least two meetings shall be held each year.

2. Saskatchewan Advanced Education and Manpower will provide the following services:

   - distribute meeting information, arrange for meals and accommodations, meeting rooms, and special requirements, where necessary;
   - distribute invitations and meeting announcements to committee members;
   - prepare and distribute, in collaboration with the chairman, the meeting agenda;
   - arrange secretarial services to accurately record and distribute minutes of meeting;
   - distribute and collect necessary documentation from board members, i.e., expense forms, special

ADVISORY COMMITTEE ON NURSING EDUCATION

Members	Representing	Term of Appointment
Dr. F. Gathercole 503 Preston Avenue Saskatoon S7H 2V1	Sask. Health-Care Association 1445 Park Street Regina S4N 4C3	3 Years
Mrs. Carol Pederson Director of Care Sherbrook Community Centre 301 Acadia Drive Saskatoon S7H 2E7 (374-7955)	Sask. Association of Special Care Homes 2 - 1540 Albert Street Regina S4P 2S4	1 Year
Ms. Louise Cassidy Box 1520 Kelsey Institute Saskatoon S7K 3R5	Saskatchewan Home Care Association 202 - 350 - 3rd Ave. N. Saskatoon S7K 6G7	3 Years
Mrs. Elvira Breker Box 675 Humboldt S0K 2A0	Catholic Health Services Conference of Saskatchewan c/o Mr. J. King Secretary-Treasurer St. Paul's Hospital 1702 - 20th St. West Saskatoon S7M 0Z9	1 Year
Mr. Royce Gill Regina General Hospital Regina	Sask. Assoc. of Health Services Executives 1445 Park Street Regina S4N 4C5	1 Year
Mrs. Donna Barber 30 Pleasant Place Regina S4V 0C2	Sask. Registered Nurses Association 2066 Retallack Street Regina S4T 2K2	3 Years
Ms. Shirlaan Gear 78 Patterson Drive Regina S4V 0C2	Sask. Registered Nurses Association 2066 Retallack Street Regina S4T 2K2	1 Year
Mr. Brian Larson Health Sciences Division Parkway Campus Wascana Institute Regina	Sask. Psychiatric Nurses Association Suite D, 2835 - 13th Avenue Regina S4T 1N6	3 Years
Ms. Leanne Pacca 1327 - 7th Ave. N.W. Moose Jaw S6H 4C8	Sask. Nursing Assistants Assoc. Suite B, 2835 - 13th Avenue Regina S4T 1N6	1 Year

Members	Representing	Term of Appointment
Ms. Esther Grogin University of Sask. Saskatoon S7N OWO	Post - R.N. degree in Nursing	1 Year
Ms. Una Ridley Dean College of Nursing University of Sask. Saskatoon S7N OWO	Basic baccalaureate degree in Nursing	3 Years
Ms. Mercedes Montgomery Program Head Diploma Nursing Program Kelsey Institute Saskatoon	Diploma Nursing programs	3 Years
Mr. Jim Beach Program Head Psychiatric Nursing Program Parkway Campus Wascana Institute Regina	Psychiatric Nursing program	3 Years
Chris Bristol Program Supervisor Core Nursing Program Parkway Campus Wascana Institute Regina	Nursing Assistant programs	1 Year
Mr. Tony Dagnone 25 Cambridge Crescent Saskatoon S7H 3P9	General Public (CHAIRMAN)	3 Years
Mr. Drew Johnston Senior Health Professions Analyst Policy Research and Management Services Branch Saskatchewan Health T.C. Douglas Building Regina	Saskatchewan Health	3 Years
Ms. Elizabeth Crosthwaite Assistant Deputy Minister Saskatchewan Advanced Education and Manpower 1855 Victoria Avenue Regina S4P 3V5	Saskatchewan Advanced Education and Manpower	3 Years
Ms. Agnes Hard Operations Officer Health and Social Services Programs 1855 Victoria Ave. Regina S4P 3V5	Saskatchewan Advanced Education and Manpower	3 Years

APPENDIX B

AD HOC COMMITTEE ON CONTINUING EDUCATION

Overall Goal

To develop a strategy which will facilitate the expansion of continuing education opportunities with special emphasis on short term post-basic clinical nursing programs.

Terms of Reference

Within the framework of the Advisory Committee on Nursing Education, the ad hoc committee shall develop recommendations to:

1. Identify the most pressing demands for short term post basic clinical nursing programs.

2. Examine and research the strengths and weaknesses of courses offered in Saskatchewan and other provinces.

3. Obtain endorsations from educational organizations to ensure both a high standard of education and corresponding educational credits.

4. Obtain commitment from organizations who are to provide clinical experience.

5. Prepare a report advancing the implementation strategy, including associated funding requirements.

6. Develop a request for funding proposal for submission to the Minister of Advanced Education.

October 21, 1985

APPENDIX C

Acknowledgement

The Ad Hoc Committee on Continuing Education acknowledges with thanks the assistance of hospital administrators, directors of nursing, head nurses, staff nurses, and other personnel of the hospitals: Pasqua, Plains Health Centre, Regina General, Saskatoon City, St. Paul's and University, who made this survey possible. The interest in the project and the cooperation received was an indication of the concern for post-basic clinical courses. The committee is also grateful for the assistance provided by Agnes Herd, Bob Guthrie and Ken Stevens from the Department of Advanced Education and Manpower.

A special thank you to Helen Smyk and the Administration of Misericordia Hospital for permission to use the questionnaire.

Members of the Ad Hoc Committee are particularly indebted to Kitty O'Shaughnessy, Research Assistant, who surveyed the literature, administered the questionnaire, analysed the response to the survey, drafted the report, and incorporated the revisions identified by the members. However, ultimate responsibility for this report rests with the members of the Ad Hoc Committee on Continuing Education.

Ad Hoc Committee Members:

Donna Barber, R.N., B.S.N. (Chairman)
Chris Bristol, R.N., B.Ed.
Leann Facca, C.N.A.
Norma Fulton, R.N., B.S.N., M. Cont. Ed.
Mavis Kyle, R.N., B.S.N., M.H.S.A.
Brian Larson, R.P.N. Diploma Advanced P.N., B.Ed.
Mercedes Montgomery, R.N., B.S.N.
Agnes Herd, R.N., B.N., M.Sc.(App.) [Secretary]

ADVANCED NURSING PRACTICE SKILLS QUESTIONNAIRE

THIS QUESTIONNAIRE IS BEING DISTRIBUTED TO NURSES IN SPECIAL CARE AREAS IN REGINA AND SASKATOON BY THE AD HOC COMMITTEE ON CONTINUING EDUCATION WHICH IS A SUB COMMITTEE OF THE ADVISORY COMMITTEE TO THE MINISTER OF ADVANCED EDUCATION AND MANPOWER.

PURPOSE

THE AD HOC COMMITTEE NEEDS YOUR OPINIONS AND RESPONSES TO QUESTIONS ABOUT YOU AND YOUR THINKING ON THE ADVANCED NURSING SKILLS REQUIRED IN YOUR UNIT. THIS INFORMATION WILL BE USED TO ADVISE THE MINISTER ON THE NEED FOR ADVANCED NURSING PRACTICE CLINICAL COURSES IN SASKATCHEWAN.

THE QUESTIONNAIRE HAS TWO PARTS:

PART I: QUESTIONS ABOUT THE SKILLS REQUIRED IN YOUR WORK AREA AND WHERE YOU ACQUIRED THEM E.G. IN YOUR BASIC PROGRAM, ON THE JOB, OR IN ADDITIONAL COURSES.
THIS PART OF THE QUESTIONNAIRE WAS PREPARED AT MISERICORDIA HOSPITAL, EDMONTON, IN 1984 TO DEVELOP A COURSE IN INTENSIVE CARE - EMERGENCY NURSING BY H. SMYK.

PART II: QUESTIONS ABOUT YOUR BACKGROUND AND YOUR THOUGHTS ON POST BASIC CLINICAL AND UNIVERSITY COURSES.

A SUMMARY OF THE FINDINGS WILL BE SHARED WITH YOU WHEN AVAILABLE.

THANK YOU FOR YOUR SUPPORT AND COOPERATION .

PLEASE DO NOT SIGN THE QUESTIONNAIRE

WHICH NURSING UNIT DO YOU WORK IN?

1. __ BURN UNIT
2. __ CORONARY CARE
3. __ EMERGENCY CARE
4. __ INTENSIVE CARE
5. __ NEONATAL INTENSIVE
6. __ OBSTETRIC INTENSIVE CARE
7. __ PEDIATRIC INTENSIVE CARE
8. __ PSYCHIATRIC INTENSIVE CARE
9. __ RECOVERY ROOM
10. __ RENAL DIALYSIS
11. OTHER_____ SPECIFY.

DIRECTIONS:

A NUMBER OF SKILLS USED IN SPECIAL CARE AREAS ARE LISTED BELOW. FOR EACH SKILL YOU ARE ASKED TO RESPOND TO TWO QUESTIONS:

1. IN YOUR CURRENT WORK AREA DO YOU REQUIRE THE SKILL LISTED? YES OR NO (PLEASE INDICATE WITH A CHECK MARK)
2. IF YOUR RESPONSE IS YES, INDICATE WHERE YOU FIRST ACQUIRED THIS SKILL: THROUGH DIPLOMA PROGRAM, ON THE JOB, ADDITIONAL PREPARATION. (CHECK ONE OF THESE THREE ONLY). INDICATE WHERE YOU FIRST ACQUIRED THE SKILL.

IF YOU RESPOND NO. DO NOT COMPLETE THE PORTION "ACQUIRED THROUGH"

SKILL LIST		REQUIRED		ACQUIRED THROUGH		
		YES	NO	DIPLOMA	ON THE JOB	ADDITIONAL PREPARATION
1. UTILIZE GLASGOW COMA SCALE (NEURO-VITAL SIGNS)	1					
2. SPINAL NERVE TESTING	2					
3. INTRACRANIAL PRESSURE MONITORING	3					
4. TREATMENT OF HYPER-HYPOTHERMIA	4					
5. ADMINISTER EYE CARE TO UNCONSCIOUS PATIENT	5					
6. EYE IRRIGATIONS	6					
7. APPLICATION OF EYE PATCH	7					
8. INTUBATION AND SUCTIONING MAINTENANCE						
8.1 ENDOTRACHEAL TUBE	8					
8.2 NASOPHARYNGEAL	9					
8.3 ORAL AIRWAY	10					
8.4 INSTILLATIONS	11					
8.5 TUBE CARE	12					
8.6 TRACH CARE	13					
8.7 WEENING	14					

			REQUIRED		ACQUIRED THRCUGH		
			YES	NO	DIPLOMA	ON THE JOB	ADDITIONAL PREPARATION
9.	CARE OF PATIENTS ON VENTILATORS	15					
10.	ASSESSMENT OF BREATH SOUNDS	16					
11.	ASSISTING WITH CHEST TUBE INSERTION	17					
12.	ASSESSMENT OF SUBCUTANEOUS EMPHYSEMA	18					
13.	AWARENESS OF CHEST X-RAY	19					
14	OXYGEN ADMINISTRATION	20					
15.	INTRAVENOUS THERAPY						
	15.1 ESTABLISHING	21					
	15.2 MAINTENANCE	22					
	15.3 USE OF PUMPS	23					
16	ARTERIAL LINE						
	16.1 ASSIST WITH INSERTION	24					
	16.2 MAINTENANCE	25					
17	CENTRAL VENOUS CATHETER INSERTION	26					
	CENTRAL VENOUS PRESSURE						
	17.1 MEASUREMENT	27					
	17.2 CUTDOWN	28					
18	VENIPUNCTURE	29					
19	ARTERIAL BLOOD GASES						
	19.1 DRAWING	30					
	19.2 INTERPRETATION	31					
20	BASIC LIFE SUPPORT CERTIFICATE	32					
21	ADMINISTER CARDIAC ARREST PROCEDURE						
	21.1 ADULT	33					
	21.2 PEDIATRIC	34					
22.	12 LEAD E.C.G						
	22.1 MONITORING	35					
	22.2 INTERPRETATION	36					

			REQUIRED		ACQUIRED THROUGH		
			YES	NO	DIPLOMA	ON THE JOB	ADDITIONAL PRPARATION
23	ARRHYTHMIA						
	23.1 IDENTIFICATION	37					
	23.2 TREATMENT	38					
24	ASSESMENT OF HEART SOUNDS	39					
25	DEFIBRILLATION	40					
26	ASSIST WITH CARDIOVERSION	41					
27	ASSIST WITH ESTABLISHMENT OF CHEST COMPRESSOR (CARDIAC THUMPER)	42					
28	PACEMAKER MONITORING						
	28.1 TEMPORARY (INSERTION)	43					
	28.2 PERMANENT	44					
29	ASSIST WITH PERICARDIAL TAP	45					
30	ASSIST WITH SWAN GANZ CATHETER						
	30.1 INSERTION	46					
	30.2 MONITORING	47					
31	ADMINISTRATION OF HEMODYNAMIC INTRAVENOUS MEDICATIONS.	48					
32	ASSESSMENT OF PEDAL PULSES	49					
33	ASSESSMENT OF JUGULAR VENOUS PRESSURE	50					
34	ASSESSMENT OF THE ABDOMEN	51					
35	ASSESSMENT OF BOWEL SOUNDS	52					
36	NASOGASTRIC TUBE						
	36.1 INSERTION	53					
	36.2 IRRIGATION	54					
	36.3 SUCTIONING	55					
37	ADMINISTRATION OF TUBE FEEDING	56					
38	KEOFEED TUBES						
	38.1 INSERTION	57					
	38.2 MAINTENANCE	58					

			REQUIRED		ACQUIRED THROUGH		
			YES	NO	DIPLOMA	ON THE JOB	ADDITIONAL PREPARATION
39	ADMINISTRATION OF PARENTERAL FEEDING	59					
40	TOTAL PARENTERAL NUTRITION						
	40.1 ADMINISTRATION	60					
	40.2 MAINTENANCE	61					
41	CARE FOR PATIENT WITH WOUND TUBE	62					
42	GASTRIC LAVAGE	63					
43	BLAKEMORE TUBE						
	43.1 ASSIST WITH INSERTION	64					
	43.2 MAINTENANCE	65					
44	RECTAL TUBE INSERTION	66					
45	PITRESSIN DRIP						
	45.1 ADMINISTRATION	67					
	45.2 MONITORING	68					
46	ASSIST WITH PERITONEAL TAP	69					
47	IDENTIFICATION OF NORMAL LABORATORY VALUES	70					
48	DIALYSIS MONITORING						
	48.1 PERITONEAL	71					
	48.2 HEMODIALYSIS	72					
49	ASSISTING WITH VAGINAL EXAMINATIONS	73					
50	CARE FOR THE OBSTETRICAL EMERGENCY PATIENT	74					
51	PROVIDE POISON CONTROL INFORMATION	75					
52	CARE OF THE OVERDOSE PATIENT	76					
53	CARE FOR THE BURN PATIENT	77					
54	CARE FOR THE EMERGENCY PSYCHIATRIC PATIENT	78					
55	CARE FOR THE POST ANAESTHETIC PATIENT	79					
56	TRIAGE	80					

			REQUIRED		ACQUIRED THROUGH		
			YES	NO	DIPLOMA	ON THE JOB	ADDITIONAL PREPARATION
57	ASSISTING WITH THE FOLLOWING:						
	57.1 LUMBAR PUNCTURE	81					
	57.2 GASTROSCOPY	82					
	57.3 SIGMOIDOSCOPY	83					
	57.4 COLONOSCOPY	84					
	57.5 BARDEX TUBE INSERTION	85					
	57.6 BIEN'S BLOCK	86					
58	CATHETERIZATION						
	58.1 MALE	87					
	58.2 FEMALE	88					
59	HOURLY UROMETER MEASUREMENT	89					
60	TESTING OF:						
	60.1 URINE	90					
	60.2 BLOOD	91					
61	USE OF:						
	61.1 MOBILIZER BED	92					
	61.2 STRETCHER BED	93					
62	BANDAGING	94					
63	APPLICATION OF COMPRESSES	95					
64	APPLICATION OF:						
	64.1 SPLINTS	96					
	64.2 CLAVICULAR SPLINT	97					
	64.3 TRIPLE RUFF COLLAR	98					
65	CASTS						
	65.1 APPLICATION	99					
	65.2 BI-VALVING	100					
	65.3 REMOVAL	101					
66	MEASUREMENT OF COMPARTMENT SYNDROME	102					
67	TEACHING CRUTCH WALKING	103					
68	ANTI-SHOCK PANTS						
	68.1 APPLICATION	104					
	68.2 MAINTENANCE	105					
69	VISUAL ACUITY TESTING	106					

LIST OTHER SKILLS WHICH YOU USE WHICH ARE NOT STATED

1
2
3
4
5
6
7
8
9
10

LIST ANY SKILLS WHICH YOU THINK WILL BE REQUIRED IN YOUR UNIT IN THE NEAR FUTURE E.G. WITH NEW EQUIPMENT BEING PURCHASED OR PHYSICIAN USINGNEW METHODS.

1
2
3
4
5
6
7
8
9
10

COMMENTS:

PLEASE TURN TO PART II

PART II

PLEASE PLACE A CHECK MARK IN THE APPROPRIATE SPACE(S).

EDUCATIONAL BACKGROUND

1. WHAT TYPE OF BASIC NURSING PROGRAM DID YOU COMPLETE?
   1. __ HOSPITAL SCHOOL OF NURSING
   2. __ INSTITUTE OF APPLIED ARTS AND SCIENCES
   3. __ UNIVERSITY BACCALAUREATE
   4. __ COMBINED HOSPITAL AND UNIVERSITY BACCALAUREATE
   5. __ COMBINED INSTITUTE AND UNIVERSITY BACCALAUREATE
   6. __ OTHER _____
      PLEASE SPECIFY

2. HOW LONG WAS THE TOTAL PROGRAM (S):
   1.__ 2 YEARS 4.__ 5 YEARS
   2.__ 3 YEARS 5.__ 6 YEARS
   3.__ 4 YEARS 6.__ OTHER _____
      PLEASE SPECIFY

3. WHEN DID YOU GRADUATE:
   1.__ 1980-1985 4.__ 1965-1969
   2.__ 1975-1979 5.__ 1960-1964
   3.__ 1970-1974 6.__ PRIOR TO 1960 _____
      PLEASE SPECIFY

4. SINCE GRADUATION HAVE YOU COMPLETED ANY POST BASIC COURSES IN NURSING OF MORE THAN 3 WEEKS DURATION?
   1.__ YES 2.__ NO
   IF YES PLEASE SPECIFY _____

5. DO YOU HAVE DEPENDENTS UNDER 18 YEARS OF AGE AT HOME?
   1.__ YES 2.__ NO
   IF YES HOW MANY DEPENDENTS?
   1.__ 1 CHILD 4.__ 4 CHILDREN
   2.__ 2 CHILDREN 5.__ 5 CHILDREN
   3.__ 3 CHILDREN 6.__ 6 OR MORE CHILDREN

6. DO YOU WORK:
   1.__ FULL TIME (37 TO 40 HOURS A WEEK)
   2.__ PERMANENT PART TIME (32 OR FEWER HOURS A WEEK)
   3.__ CASUAL (32 OR FEWER HOURS A MONTH)

7. WHAT IS YOUR POSITION:
   1.__ STAFF NURSE
   2.__ CHARGE NURSE
   3.__ ASSISTANT CHARGE NURSE
   4.__ TEACHER/INSTRUCTOR
   5.__ OTHER _____ E.G. staff nurse with charge responsibilities
   PLEASE SPECIFY

8. SINCE GRADUATION HAVE YOU COMPLETED ANY UNIVERSITY CREDIT COURSES?
1. __ YES 2.__ NO
IF YES PLEASE SPECIFY _____

9. WOULD YOU TAKE ANY ADVANCED NURSING COURSES IF THEY WERE AVAILABLE AND ACCESSIBLE IN YOUR CITY?
   1. __ YES 2.__ QUALIFIED YES
   3. __ NO 4.__ PROBABLY NOT
   5. __ OTHER _____
   PLEASE SPECIFY

10. IF YOU ANSWERED "NO" OR "PROBABLY NO" TO NUMBER 9 ABOVE ANSWER THIS QUESTION AND THEN PROCEED NUMBER 16.
INDICATE REASON (S) OR FOR YOUR ANSWER:
   1. __ FINANCES
   2. __ FAMILY RESPONSIBILITIES
   3. __ LACK OF INTEREST
   4. __ OTHER _____
   PLEASE SPECIFY

11. IF YOU ANSWERED "YES" OR "QUALIFIED YES" TO NUMBER 12 QUESTION. INDICATE THE TYPE(S) OF COURSES OF INTEREST TO YOU.
   1. ____ ADVANCED CLINICAL COURSES
      1.1 __ INTENSIVE /CRITICAL CARE
      1.2 __ CORONARY CARE
      1.3 __ GERONTOLOGY
      1.4 __ OBSTETRICS
      1.5 __ EMERGENCY ROOM
      1.6 __ OTHER _____
      PLEASE SPECIFY

2. ____ UPDATE ON BASIC SCIENCES COURSES
(PATHOPHYSIOLOGY - PHARMACOLOGY ETC.)

3. ____ COURSES IN NURSING:
- 3.1 __ ADMINISTRATION. MANAGEMENT
- 3.2 __ TEACHING
- 3.3 __ RESEARCH
- 3.4 __ COMMUNITY HEALTH
- 3.5 __ OCCUPATIONAL HEALTH
- 3.6 __ OTHER _____
PLEASE SPECIFY

12. WHAT IS YOUR PREFERRED METHOD OF INSTRUCTION:
1. __ CLASSROOM TEACHING
2. __ CORRESPONDENCE
3. __ T.V. COURSE
4. __ SELF-STUDY COMBINED WITH PERIODIC SEMINAR
5. __ TELECONFERENCE (TWO WAY TELEPHONE COMMUNICATION BETWEEN TEACHER AND STUDENT(S))
6. __ OTHER _____
PLEASE SPECIFY

13. WHICH OF THE FOLLOWING INTEREST YOU MOST?
PLEASE ANSWER ONE:
1. __ CREDIT COURSES TOWARD A UNIVERSITY DEGREE
2. __ CREDIT COURSES FOR INTEREST ONLY
3. __ NON-CREDIT COURSES.

IF YOU ANSWERED NUMBER 3, I.E. NON-CREDIT COURSES WHICH WOULD YOU PREFER?
1. ___ WORKSHOPS I.E. 1-2 DAYS
2. ___ SEMINARS I.E. 2-3 HOURS
3. ___ LECTURE SERIES I.E. ONCE A WEEK FOR 10 WEEKS
4. ___ OTHER _____
PLEASE SPECIFY

WHICH NURSING UNIT DO YOU WORK IN?

1. __ BURN UNIT
2. __ CORONARY CARE
3. __ EMERGENCY CARE
4. __ INTENSIVE CARE
5. __ NEONATAL INTENSIVE
6. __ OBSTETRIC INTENSIVE CARE
7. __ PEDIATRIC INTENSIVE CARE
8. __ PSYCHIATRIC INTENSIVE CARE
9. __ RECOVERY ROOM
10. __ RENAL DIALYSIS
11. OTHER_____ SPECIFY.

14. WHEN WOULD YOU LIKE TO TAKE CLASSES?

CHECK ALL WHICH APPLY

DURING ACADEMIC YEAR:

1.__ FULL TIME - DAYS
2.__ PART TIME -DAYS
3.__ PART TIME -EVENINGS
4.__ WEEK ENDS E.G. EVERY OTHER SATURDAY

SUMMER COURSES (MAY TO AUGUST)

5.__ DAYS (JULY AND AUGUST)
6.__ EVENINGS (MAY TO AUGUST)

15. ARE YOU PRESENTLY INTERESTED IN COMPLETING REQUIREMENTS TOWARD A BACCALAUREATE DEGREE IF ACCESSIBLE WITHIN YOUR CITY

1.__ HIGHLY INTERESTED
2.__ MODERATELY INTERESTED
3.__ MINIMALLY INTERESTED
4.__ NOT INTERESTED

16. THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

CROSSTABS OF SKILLS BY REQUIRED.

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO	TOTAL
1 GLASGOW COMA SCL	13 0.03 3.15 0.47	286 0.65 69.25 1.16	114 0.26 27.60 0.68	413 0.93
2 SPINAL NURVETEST	33 0.07 7.99 1.20	42 0.10 10.17 0.17	338 0.76 81.84 2.01	413 0.93
3 INTRACRAN PRESS	20 0.05 4.84 0.73	106 0.24 25.67 0.43	287 0.65 69.49 1.71	413 0.93
4 HYPER-HYPOTHERMI	27 0.06 6.54 0.98	253 0.57 61.26 1.03	133 0.30 32.20 0.79	413 0.93
5 EYE CARE-UNCONSC	18 0.04 4.36 0.66	295 0.67 71.43 1.20	100 0.23 24.21 0.60	413 0.93
6 EYE IRRIGATIONS	30 0.07 7.26 1.09	215 0.49 52.04 0.87	168 0.38 40.68 1.00	413 0.93
7 APPLY EYE PATCH	21 0.05 5.08 0.76	311 0.70 75.30 1.26	81 0.18 19.61 0.48	413 0.93
TOTAL	2747 6.22	24654 55.79	16790 37.99	44191 100.00

(CONTINUED)

*Indicates exceptions to required skills as identified by staff.

Those 34 items, to which more than 50% of the respondents indicated "NO" (not required), were discussed subsequently with the Head Nurses in the sample six hospitals. (See Appendix F)

APPENDIX E

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO	TOTAL
8 ENDOTRACHEAL TUB	18 0.04 4.36 0.66	296 0.67 71.67 1.20	99 0.22 23.97 0.59	413 0.93
9 NASOPHARYNGEAL	24 0.05 5.81 0.87	286 0.65 69.25 1.16	103 0.23 24.94 0.61	413 0.93
10 ORAL AIRWAY	11 0.02 2.68 0.40	364 0.82 88.56 1.48	36 0.08 8.76 0.21	411 0.93
11 INSTILLATIONS	25 0.06 6.05 0.91	256 0.58 61.99 1.04	132 0.30 31.96 0.79	413 0.93
12 TUBE CARE	23 0.05 5.57 0.84	267 0.60 64.65 1.08	123 0.28 29.78 0.73	413 0.93
13 TRACH CARE	17 0.04 4.12 0.62	322 0.73 77.97 1.31	74 0.17 17.92 0.44	413 0.93
14 WEENING	29 0.07 7.02 1.06	198 0.45 47.94 0.80	186 0.42 45.04 1.11	413 0.93
TOTAL	2747 6.22	24654 55.79	16790 37.99	44191 100.00

(CONTINUED)

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CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY PERCENT ROW PCT COL PCT	DID NOT IND	YES	NO	TOTAL
CARE-VENTILATORS	22	201	190	413
	0.05	0.45	0.43	0.93
	5.33	48.67	46.00	
	0.80	0.82	1.13	
BREATH SOUNDS	17	327	69	413
	0.04	0.74	0.16	0.93
	4.12	79.18	16.71	
	0.62	1.33	0.41	
CHEST TUBE INSER	15	330	68	413
	0.03	0.75	0.15	0.93
	3.63	79.90	16.46	
	0.55	1.34	0.41	
SUBCUT EMPHYSEMA	20	276	117	413
	0.05	0.62	0.26	0.93
	4.84	66.83	28.33	
	0.73	1.12	0.70	
AWAR CHEST X-RAY	24	282	107	413
	0.05	0.64	0.24	0.93
	5.81	68.28	25.91	
	0.87	1.14	0.64	
OXYGEN ADMINISTR	18	392	3	413
	0.04	0.89	0.01	0.93
	4.36	94.92	0.73	
	0.66	1.59	0.02	
INTRAVENOUS-ESTB	13	388	12	413
	0.03	0.88	0.03	0.93
	3.15	93.95	2.91	
	0.47	1.57	0.07	
TOTAL	2747	24654	16790	44191
	6.22	55.79	37.99	100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO	TOTAL
INTRAVENOUS-MAIN	11	401	1	413
	0.02	0.91	0.00	0.93
	2.66	97.09	0.24	
	0.40	1.63	0.01	
INTRAVENOUS-PUMP	13	391	9	413
	0.03	0.88	0.02	0.93
	3.15	94.67	2.18	
	0.47	1.59	0.05	
ARTERIAL INSERT	19	283	111	413
	0.04	0.64	0.25	0.93
	4.60	68.52	26.88	
	0.69	1.15	0.66	
ARTERIAL MAINT	19	266	128	413
	0.04	0.60	0.29	0.93
	4.60	64.41	30.99	
	0.69	1.08	0.76	
VENOUS CATH INSR	20	283	110	413
	0.05	0.64	0.25	0.93
	4.84	68.52	26.63	
	0.73	1.15	0.66	
VENOUS PRES MEAS	16	303	94	413
	0.04	0.69	0.21	0.93
	3.87	73.37	22.76	
	0.58	1.23	0.56	
VENOUS PRES CUT	27	212	174	413
	0.06	0.48	0.39	0.93
	6.54	51.33	42.13	
	0.98	0.86	1.04	
TOTAL	2747	24654	16790	44191
	6.22	55.79	37.99	100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO	TOTAL
VENIPUNCTURE	33	230	150	413
	0.07	0.52	0.34	0.93
	7.99	55.69	36.32	
	1.20	0.93	0.89	
BLOOD GASES-DRAW	17	206	190	413
	0.04	0.47	0.43	0.93
	4.12	49.88	46.00	
	0.62	0.84	1.13	
BLOOD GAS-INTERP	15	337	61	413
	0.03	0.76	0.14	0.93
	3.63	81.60	14.77	
	0.55	1.37	0.36	
BASIC LIFE SUPP	23	375	15	413
	0.05	0.85	0.03	0.93
	5.57	90.80	3.63	
	0.84	1.52	0.09	
CARDIAC-ADULT	22	355	36	413
	0.05	0.80	0.08	0.93
	5.33	85.96	8.72	
	0.80	1.44	0.21	
CARDIAC-PEDIATRI	31	313	69	413
	0.07	0.71	0.16	0.93
	7.51	75.79	16.71	
	1.13	1.27	0.41	
LEAD ECG-MONITOR	14	290	109	413
	0.03	0.66	0.25	0.93
	3.39	70.22	26.39	
	0.51	1.18	0.65	
TOTAL	2747	24654	16790	44191
	6.22	55.79	37.99	100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO	TOTAL
LEAD ECG-INTERPR	17	217	179	413
	0.04	0.49	0.41	0.93
36	4.12	52.54	43.34	
	0.62	0.88	1.07	
ARRHYTHMIA-IDENT	10	332	71	413
	0.02	0.75	0.16	0.93
37	2.42	80.39	17.19	
	0.36	1.35	0.42	
ARRHYTHMIA-TREAT	26	259	128	413
	0.06	0.59	0.29	0.93
38	6.30	62.71	30.99	
	0.95	1.05	0.76	
HEART SOUNDS	13	195	205	413
	0.03	0.44	0.46	0.93
39	3.15	47.22	49.64	
	0.47	0.79	1.22	
DEFIBRILLATION	21	217	175	413
	0.05	0.49	0.40	0.93
40	5.08	52.54	42.37	
	0.76	0.88	1.04	
CARDIOVERSION	13	256	144	413
	0.03	0.58	0.33	0.93
41	3.15	61.99	34.87	
	0.47	1.04	0.86	
CHEST COMPRESSOR	31	52	330	413
	0.07	0.12	0.75	0.93
42	7.51	12.59	79.90	
	1.13	0.21	1.97	
TOTAL	2747	24654	16790	44191
	6.22	55.79	37.99	100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
PACEMAKER INSERT	13	209	191		413
	0.03	0.47	0.43		0.93
43	3.15	50.61	46.25		
	0.47	0.85	1.14		
PACEMAKER PERM	24	149	240		413
	0.05	0.34	0.54		0.93
44	5.81	36.08	58.11	*	
	0.87	0.60	1.43		
PERICARDIAL TAP	28	184	201		413
	0.06	0.42	0.45		0.93
45	6.78	44.55	48.67		
	1.02	0.75	1.20		
SWAN GANZ INSERT	21	147	245		413
	0.05	0.33	0.55		0.93
46	5.08	35.59	59.32	*	
	0.76	0.60	1.46		
SWAN GANZ MONITR	25	143	245		413
	0.06	0.32	0.55		0.93
47	6.05	34.62	59.32	*	
	0.91	0.58	1.46		
INTRAVENOUS MEDS	36	271	106		413
	0.08	0.61	0.24		0.93
48	8.72	65.62	25.67		
	1.31	1.10	0.63		
PEDAL PULSES	12	359	42		413
	0.03	0.81	0.10		0.93
49	2.91	86.92	10.17		
	0.44	1.46	0.25		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
JUGULAR PRESSURE	26	134	253		413
	0.06	0.30	0.57		0.93
50	6.30	32.45	61.26	*	
	0.95	0.54	1.51		
ASSESS ABDOMEN	13	337	63		413
	0.03	0.76	0.14		0.93
	3.15	81.60	15.25		
51	0.47	1.37	0.38		
BOWEL SOUNDS	13	322	78		413
	0.03	0.73	0.18		0.93
52	3.15	77.97	18.89		
	0.47	1.31	0.46		
NASOGASTRIC INSR	10	386	17		413
	0.02	0.87	0.04		0.93
53	2.42	93.46	4.12		
	0.36	1.57	0.10		
NASOGASTRIC IRRI	12	376	25		413
	0.03	0.85	0.06		0.93
54	2.91	91.04	6.05		
	0.44	1.53	0.15		
NASOGASTRIC SUCT	12	374	27		413
	0.03	0.85	0.06		0.93
55	2.91	90.56	6.54		
	0.44	1.52	0.16		
TUBE FEEDING	29	285	99		413
	0.07	0.64	0.22		0.93
56	7.02	69.01	23.97		
	1.06	1.16	0.59		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
KEOFEED INSERT	32	141	240		413
	0.07	0.32	0.54		0.93
57	7.75	34.14	58.11	*	
	1.16	0.57	1.43		
KEOFEED MAINT	34	163	216		413
	0.08	0.37	0.49		0.93
58	8.23	39.47	52.30	*	
	1.24	0.66	1.29		
PARENTERAL FEED	24	264	125		413
	0.05	0.60	0.28		0.93
59	5.81	63.92	30.27		
	0.87	1.07	0.74		
PARENTERAL ADMIN	21	254	138		413
	0.05	0.57	0.31		0.93
60	5.08	61.50	33.41		
	0.76	1.03	0.82		
PARENTERAL MAINT	21	254	138		413
	0.05	0.57	0.31		0.93
61	5.08	61.50	33.41		
	0.76	1.03	0.82		
CARE-WOUND TUBE	23	306	84		413
	0.05	0.69	0.19		0.93
62	5.57	74.09	20.34		
	0.84	1.24	0.50		
GASTRIC LAVAGE	23	279	111		413
	0.05	0.63	0.25		0.93
63	5.57	67.55	26.88		
	0.84	1.13	0.66		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
BLAKEMORE INSERT	33	110	270		413
	0.07	0.25	0.61		0.93
64	7.99	26.63	65.38	*	
	1.20	0.45	1.61		
BLAKEMORE MAINT	39	102	272		413
	0.09	0.23	0.62		0.93
65	9.44	24.70	65.86	*	
	1.42	0.41	1.62		
RECTAL TUBE INSR	22	305	86		413
	0.05	0.69	0.19		0.93
66	5.33	73.85	20.82		
	0.80	1.24	0.51		
PITRESSIN ADMIN	31	104	278		413
	0.07	0.24	0.63		0.93
67	7.51	25.18	67.31	*	
	1.13	0.42	1.66		
PITRESSIN MONIT	39	102	272		413
	0.09	0.23	0.62		0.93
68	9.44	24.70	65.86	*	
	1.42	0.41	1.62		
PERITONEAL TAP	31	240	142		413
	0.07	0.54	0.32		0.93
69	7.51	58.11	34.38		
	1.13	0.97	0.85		
LABORATORY VALUE	16	389	9		413
	0.04	0.88	0.02		0.93
70	3.87	93.95	2.18		
	0.58	1.57	0.05		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
DIALYSIS PERITON	19	164	230		413
	0.04	0.37	0.52		0.93
71	4.60	39.71	55.69	*	
	0.69	0.67	1.37		
DIALYSIS HEMODIA	34	42	337		413
	0.08	0.10	0.76		0.93
72	8.23	10.17	81.60	*	
	1.24	0.17	2.01		
VAGINAL EXAM	21	213	179		413
	0.05	0.48	0.41		0.93
73	5.08	51.57	43.34		
	0.76	0.86	1.07		
CARE-OBSTETRICAL	23	146	244		413
	0.05	0.33	0.55		0.93
74	5.57	35.35	59.08	*	
	0.84	0.59	1.45		
POISON CONTROL	25	117	271		413
	0.06	0.26	0.61		0.93
75	6.05	28.33	65.62	*	
	0.91	0.47	1.61		
OVERDOSE PATIENT	20	248	145		413
	0.05	0.56	0.33		0.93
76	4.84	60.05	35.11		
	0.73	1.01	0.86		
BURN PATIENT	22	206	185		413
	0.05	0.47	0.42		0.93
77	5.33	49.88	44.79		
	0.80	0.84	1.10		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
PSYCH PATIENT	23	150	240		413
	0.05	0.34	0.54		0.93
78	5.57	36.32	58.11	*	
	0.84	0.61	1.43		
CARE FOR POST AN	17	287	109		413
	0.04	0.65	0.25		0.93
79	4.12	69.49	26.39		
	0.62	1.16	0.65		
TRIAGE	30	139	244		413
	0.07	0.31	0.55		0.93
80	7.26	33.66	59.08	*	
	1.09	0.56	1.45		
LUMBAR PUNCTURE	27	297	88		412
	0.06	0.67	0.20		0.93
81	6.55	72.09	21.36		
	0.98	1.20	0.52		
GASTROSCOPY	32	173	208		413
	0.07	0.39	0.47		0.93
82	7.75	41.89	50.36	*	
	1.16	0.70	1.24		
SIGMOIDOSCOPY	31	178	204		413
	0.07	0.40	0.46		0.93
83	7.51	43.10	49.39		
	1.13	0.72	1.22		
COLONOSCOPY	36	119	258		413
	0.08	0.27	0.58		0.93
84	8.72	28.81	62.47	*	
	1.31	0.48	1.54		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
BARDEX TUDE INSE	58	68	287		413
	0.13	0.15	0.65		0.93
85	14.04	16.46	69.49	*	
	2.11	0.28	1.71		
BIENS BLOCK	69	4	340		413
	0.16	0.01	0.77		0.93
86	16.71	0.97	82.32	*	
	2.51	0.02	2.03		
CATHETER-MALE	35	306	72		413
	0.08	0.69	0.16		0.93
87	8.47	74.09	17.43		
	1.27	1.24	0.43		
CATHETER-FEMALE	23	369	21		413
	0.05	0.84	0.05		0.93
88	5.57	89.35	5.08		
	0.84	1.50	0.13		
UROMETER MEASURE	43	344	26		413
	0.10	0.78	0.06		0.93
89	10.41	83.29	6.30		
	1.57	1.40	0.15		
TESTING OF URINE	23	361	29		413
	0.05	0.82	0.07		0.93
90	5.57	87.41	7.02		
	0.84	1.46	0.17		
TESTING OF BLOOD	30	338	45		413
	0.07	0.76	0.10		0.93
91	7.26	81.84	10.90		
	1.09	1.37	0.27		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY PERCENT ROW PCT COL PCT	DID NOT IND	YES	NO		TOTAL
MOBILIZER BED	60	91	262		413
	0.14	0.21	0.59		0.93
92	14.53	22.03	63.44	*	
	2.18	0.37	1.56		
STRETCHER BED	38	261	114		413
	0.09	0.59	0.26		0.93
93	9.20	63.20	27.60		
	1.38	1.06	0.68		
BANDAGING	33	322	58		413
	0.07	0.73	0.13		0.93
94	7.99	77.97	14.04		
	1.20	1.31	0.35		
COMPRESSES	29	350	34		413
	0.07	0.79	0.08		0.93
95	7.02	84.75	8.23		
	1.06	1.42	0.20		
SPLINTS	30	218	165		413
	0.07	0.49	0.37		0.93
96	7.26	52.78	39.95		
	1.09	0.88	0.98		
CLAVICULAR SPLIN	35	147	231		413
	0.08	0.33	0.52		0.93
97	8.47	35.59	55.93	*	
	1.27	0.60	1.38		
TRIPLE RUFF COLL	52	59	302		413
	0.12	0.13	0.68		0.93
98	12.59	14.29	73.13	*	
	1.89	0.24	1.80		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY PERCENT ROW PCT COL PCT	DID NOT IND	YES	NO	TOTAL
VISUAL ACUITY TE	58	192	579	829
	0.13	0.43	1.31	1.88
	7.00	23.16	69.84	
	2.11	0.78	3.45	
TOTAL	2747	24654	16790	44191
	6.22	55.79	37.99	100.00

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FREQUENCY MISSING = 3

CROSSTABS OF SKILLS BY REQUIRED

TABLE OF SKILUSE BY REQUSE

SKILUSE(SKILLS) REQUSE(REQUIRED OR NOT)

FREQUENCY / PERCENT / ROW PCT / COL PCT	DID NOT IND	YES	NO		TOTAL
CASTS-APPLY	34	62	317		413
99	0.08	0.14	0.72		0.93
	8.23	15.01	76.76	*	
	1.24	0.25	1.89		
CASTS-BI-VALVING	40	60	313		413
100	0.09	0.14	0.71		0.93
	9.69	14.53	75.79	*	
	1.46	0.24	1.86		
CASTS-REMOVAL	34	98	281		413
101	0.08	0.22	0.64		0.93
	8.23	23.73	68.04	*	
	1.24	0.40	1.67		
COMPARTMENT SYND	51	39	323		413
102	0.12	0.09	0.73		0.93
	12.35	9.44	78.21	*	
	1.86	0.16	1.92		
CRUTCH WALKING	34	111	268		413
103	0.08	0.25	0.61		0.93
	8.23	26.88	64.89	*	
	1.24	0.45	1.60		
ANTI-SHOCK APPLI	33	107	273		413
104	0.07	0.24	0.62		0.93
	7.99	25.91	66.10	*	
	1.20	0.43	1.63		
ANTI-SHOCK MAINT	33	114	266		413
105	0.07	0.26	0.60		0.93
	7.99	27.60	64.41	*	
	1.20	0.46	1.58		
TOTAL	2747	24654	16790		44191
	6.22	55.79	37.99		100.00

(CONTINUED)

APPENDIX F

HEAD NURSE RESPONSES

HEAD NURSE RESPONSES FROM 6 AGENCIES TO 34 ITEMS CONSIDERED "NOT REQUIRED" BY 50% OR MORE OF 413 RESPONDENTS

NO.	SKILL	AGENCY RESPONSES NO No.	NO %	YES No.	YES %	REASON FOR RESPONSE
2.	Spinal nerve testing	1	16.7	5	83	Not done but skill needed
3.	Intracranial pressure monitoring	-	-	6	100	Skill needed
42.	Assist with establishment of chest compressor	6	100*	-	-	Equipment Outdated
44.	Pacemaker monitoring permanent	-	-	6	100	Required in intensive care & coronary care
46.	Assist with Swan Ganz insertion	-	-	6	100	Required in intensive care & coronary care
47.	Assist with Swan Ganz monitoring	-	-	6	100	Required in intensive care & coronary care
50.	Assessment of venous jugular pressure	-	-	6	100	Required in intensive care & coronary care
57.	Keofeed Tube insertion (enteral feed)	1	16.7	5	83.3	Used in intensive care and coronary care
58.	Keofeed tube maintenance	1	16.7	5	83.3	Used in intensive care and coronary care
64.	Assist with Blakemore tube insertion	-	-	6	100	Used in Facilities
65.	Assist with Blakemore tube maintenance	-	-	6	100	Used in Facilities
67.	Pitressin Drip Administration	-	-	6	100	Used for GI Bleeds
68.	Pitressin Drip Monitoring	-	-	6	100	Used for GI bleeds

NO.	SKILLS	AGENCY RESPONSES NO No.	NO %	YES No.	YES %	REASON FOR RESPONSE
71.	Peritonal Dialysis monitoring	1	16.7	5	83.3	Used in agencies or patient transferred
72.	Dialysis Monitoring Hemodialysis	1	16.7	5	83.3	Used in agency or patient transferred
74.	Care for emergency obstetrical patient	-	-	6	100	Required
75.	Provide poison control information	1	16.7	5	83.3	Required
78.	Care for emergency psychiatric patient	-	-	6	100	Required
80.	Triage	-	-	6	100	Required - knowledge of principles
82.	Assisting with gastroscopy	1	16.7	5	83.3	Required
84.	Assisting with colonscopy	1	16.7	5	83.3	Required
85.	Assisting with Bardex Tube insertion	2	33.4	4	66.8	Required
86.	Assisting with Bien's Block	6	100*	-	-	Not Known
92.	Use of Mobilizer Bed	6	100*	-	-	Not Used
97.	Application of Clavicular Splint	2	33.4	4	66.8	Knowledge/Skill Required
98.	Application of Triple Ruff Collar	2	33.4	4	66.8	Knowledge/Skill Required
99.	Cast Application	3	50*	3	50	Performed by other care givers
100.	Cast Bi-Valving	2	33.4	4	66.8	Required

NO.	SKILL	AGENCY RESPONSES NO No.	NO %	YES No.	YES %	REASON FOR RESPONSE
101.	Cast Removal	3	50*	3	50	Performed by other care givers
102.	Measurement of Compartment Syndrome	2	33.4	4	66.8	Required
103.	Teaching Crutch Walking	3	50*	3	50	Performed by other care givers
104.	Application of Anti-Shock Pants	-	-	6	100	Required
105.	Maintenance of Anti-Shock Pants	-	-	6	100	Required
106.	Visual Acuity Testing	1	16.7	5	83.3	Required

* - 50% or more "no" responses n=6

SKILLS ACQUIRED ON-THE-JOB BY 50% OR MORE RESPONDENTS BY DESIGNATED SPECIAL CARE UNITS

	ICU N=62	CORONARY N=61	EMERGENCY N=82	RECOVERY N=30
1. Utilize Glasgow Scale	*	*	*	
2. Treatment of hypo-hyperthermia	*	*	*	
Intubation and suctioning:				
3. Endotracheal Tube	*	*	*	*
4. Nasopharyngeal	*			*
5. Oral Airway	*			*
6. Instillations	*			
7. Tube Care	*			
8. Trach Care	*			
9. Weaning	*			
10. Care of Patients on Ventilators	*			*
11. Assessment of Breath Sounds		*		
12. Assisting with Chest Tube Insertion	*	*	*	*
13. Assessment of Subcutaneous Emphysema	*			*
14 Awareness of Chest X-Ray	*			
Intravenous therapy				
15. Establishing	*	*	*	*
16. Use of Pumps	*	*	*	*
Arterial line				
17. Assist with Insertion	*	*	*	*
18. Maintenance	*	*		*
19. Central Venous Catheter Insert	*	*	*	
Central venous pressure				
20. Measurement		*		*
21. Venipuncture	*	*		
Arterial blood gases				
22. Drawing	*	*		
23. Interpretation	*	*	*	
24. Administer Cardiac Arrest Procedure - Adult		*		
12 Lead E.C.G.				
25. Monitoring	*	*		
26. Interpreting		*		
Arrhythmia				
27. Identification		*		
28. Treatment	*	*		
29. Assessment of Heart Sounds		*		
30. Defibrillation		*		
31. Assist with Cardioversion	*	*	*	
Pacemaker monitoring				
32. Temporary	*	*		
33. Permanent		*		
34. Assist with Pericardial Tap	*	*		

	ICU N=62	CORONARY N=61	EMERGENCY N=82	RECOVERY N=30
ASSIST WITH SWAN-GANZ				
35. INSERTION	*	*		
36. MONITORING	*	*		
37. ADMINISTRATION OF HEMODYNAMIC MEDICATIONS	*	*		
KEOFEED TUBES				
38. INSERTION	*			
39. MAINTENANCE	*			
40. ADMINISTRATION OF PARENTERAL FEEDING	*			
TOTAL PARENTERAL NUTRITION				
41. ADMINISTRATION	*			
42. MAINTENANCE				
BLAKEMORE TUBE				
43. ASSIST WITH INSERTION	*			
44. MAINTENANCE	*			
PITRESSIN DRIP				
45. ADMINISTRATION	*			
46. MONITORING	*			
47. ASSIST WITH PERITONEAL TAP	*		*	
48. PROVIDE POISON CONTROL INFORMATION			*	
49. CARE OF OVERDOSE PATIENT	*		*	
50. CARE - POST-ANAESTHETIC PATIENT				*
51. TRIAGE			*	
ASSISTING WITH FOLLOWING:				
52. LUMBAR PUNCTURE	*			
53. GASTROSCOPY	*		*	
54. SIGMOIDOSCOPY			*	
55. COLONOSCOPY			*	
TESTING OF:				
56. BLOOD			*	*
USE OF:				
57. STRETCHER BED			*	*
APPLICATION OF:				
58. SPLINTS			*	
59. CLAVICULAR SPLINTS			*	
60. TEACHING CRUTCH WALKING			*	
ANTI-SHOCK PANTS				
61. APPLICATION			*	
62. MAINTENANCE			*	
63 VISUAL ACUITY TESTING			*	

APPENDIX H

RESPONDENTS' BACKGROUND AND INTEREST IN CONTINUING EDUCATION

Where totals do not equal 413 or 100% - responses were not given.

1. Education

356 (86.9%) were prepared at Diploma level
i.e. 211 (51.5%) institutes
145 (35.4%) Hospital Schools of Nursing

42 (10.2%) University Baccalaureate Degree

12 (2.9%) Combined programs or other

2. Length of Program

226 (54.7%) - two years
116 (28.1%) - three years
41 (9.9%) - four years
8 (2.9%) - more than four years

3. Year of Graduation

225 (54.5%) graduated between 1975 and 1985
i.e. 118 (28.6%) between 1980-1985
107 (25.9%) between 1975-1979

81 (19.6%) graduated between 1970-1974

41 (9.9%) graduated between 1965-1969

27 (6.5%) graduated between 1960-1964

22 (5.3%) graduated prior to 1960

4. Position

340 (82.3%) - Staff nurses

16 (3.9%) - Head or Assistant Head nurses

5 (1.2%) - Teacher/Instructor

9 (3.7%) - Other

5. Post-Basic Courses in Nursing of More Than Three Weeks Taken Since Graduation

85 (21.5%) - Yes
198 (47.9%) - No

6. University Credit Courses Taken

99 (24.0%) - had taken university credit courses

294 (71.2%) - had not taken university courses

7. Dependents Under 18 Years of Age

198 (47.9%) - no dependents under 18 years of age

198 (47.9%) - dependents under 18 years of age

8. Numbers of Dependents Under 18 Years of Age

67 (16.2%) - one child	3 (0.75%)- 4 children
91 (22.0%) - 2 children	2 (0.2%) - 5 children
34 (8.2%) - 3 children	0 (0.0%) - 6+ children

Responses to Questions:

9. Would you take Advanced Nursing course if available?

Number	%		Number	%	
211	51.1	- yes	18	4.4	- no
104	28.2	- qualified yes	43	10.4	- probably not
19	4.6	- other			

10. Respondents answering "NO" or "PROBABLY NOT" gave the following reasons for their answers:

28 - Family responsibilities
21 - Finances
11 - Lack of Interest
9 - Other

11. Respondents answering "YES" or "QUALIFIED YES" indicated course preferences as follows:

Number	%	Topic
248	60.0	Advanced Clinical Courses
197	47.7	Intensive/Critical Care
157	38.0	Emergency Room
128	31.0	Coronary Care
68	16.5	Obstetrics
68	16.5	Other
20	4.6	Gerontology

125	30.7	Nursing Courses
79	19.1	Teaching
74	17.9	Administration/Management
65	15.7	Community Health
42	10.2	Occupational Health
40	9.7	Research
10	2.4	Other
67	16.2	Update on Basic Sciences

12. Preferred Instruction Method

First Choice			Second Choice	
Number	%	Method	Number	%
256	62.0	Classroom	3	0.7
13	3.1	Correspondence	19	4.6
3	0.7	Television Course	17	4.1
24	6.1	Self Study & Seminar	30	7.3
1	0.2	Teleconference	1	0.2
3	0.7	Other	9	2.2

13. Which of the following interest you the most?

Number	%	Type
185	44.8	Credit towards university degree
69	16.7	Credit for interest
45	10.9	Non-credit courses
114	27.6	no response

Type of Non-credit preferred

Number	%	Type
49	11.9	workshops
13	3.1	lecture series
12	2.9	seminars
2	0.5	other

14. Preferred time for classes

Number	%	Time
196	47.5	part-time - evenings
171	41.4	part-time - days
87	21.1	weekends
45	10.9	days - July - August
38	9.2	full time - days
38	9.2	evenings - May to August

15. Interest in Completing Requirements Towards Baccalaureate Degree:

Number	%	Type of Interest
81	19.6	moderately interested
76	18.4	minimally interested
66	16.0	highly interested
82	19.9	not interested
108	26.1	no response

POOR
QUALITY
ORIGINAL